

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | J. h.    |        | 10/2/00  |
| O.I.P.E. CLASSIFIER       |          | 10     | 10-10-00 |
| FORMALITY REVIEW          | JM       | 276    | 10-31-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     |          |      |
| 2     | ✓     |          |      |
| 3     | ✓     |          |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy